



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))	29	-20* =	9	x \$.18 =	\$162.00
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	5	-3** =	2	x \$.80 =	\$168.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	-
				BASIC FEE (37 CFR 1.16)	\$750.00
				Total of above Calculations =	\$1,080.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					\$540.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	\$540.00

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 08 - 3038:a. ☒ Fees required under 37 CFR 1.16, and any additional fees.b. ☐ Fees required under 37 CFR 1.17.c. ☐ Fees required under 37 CFR 1.18.8. ☐ A check in the amount of \$ _____ is enclosed.9. ☐ Payment by credit card. Form PTO-2038 is attached.10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.11. ☐ New Attorney Docket Number, if desired _____*[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]*12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)13. ☐ Other: _____**NOTE:***The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.***14. NEW CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☐ New correspondence address below*(Insert Customer No. or Attach bar code label here)*

Name

Address

City

State

Zip Code

Country

Telephone

Fax

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)

MICHAEL K. LINDSEY

Signature

Mike Lindsey

Registration No. (Attorney/Agent)

39,278

Date

3-10-03